



County of San Diego

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CHIEF MEDICAL EXAMINER

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REQUEST FOR REPORTS

CASE No.: _____ Date of Request: _____

Name of Decedent: _____ Date of Death: _____

Requested by: _____ Phone: () _____

Relationship: _____

Address of Requester: _____

| REPORTS REQUESTED | |
|----------------------|--|
| Investigative Report | |
| Autopsy Report | |
| Toxicology Report | |

For Department Use Only

| REPORTS READY / No. of Pages | |
|------------------------------|---|
| Investigative: | / |
| Autopsy: | / |
| Toxicology: | / |
| Total Pages Sent: | |

| | | | |
|-------------------------|----------|----------|------------|
| BILL: circle one | Y | N | NOK |
| Letter of Certification | | | |
| Date: | By: | | |

Date Reports Mailed: _____ By: _____

Request Taken By: _____